



National Foreclosure Mitigation Counseling Program
Combined Privacy Act Notice And Tennessee Warning

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law.

Please read carefully the disclosures and acknowledgements, below.

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Foreclosure Mitigation Counseling program if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Except for your social security number, providing and agreeing to share your private data is mandatory for participation in this Foreclosure Mitigation Counseling Program under the terms of the federal grant from NeighborWorks that funds the program. If you do not agree to allow us to share the data with the entities identified below, we will not be able to provide foreclosure mitigation counseling.

We will share the data only with the following entities or their representatives for the purposes of program management, compliance monitoring, and program evaluation:

- Staff of this organization who need it to work on your case.
• NeighborWorks America, the entity mandated by Congress to account for how the program funds are used and determine the program's effectiveness, or its authorized representatives.
• The Minnesota Housing Finance Agency, the recipient of the grant for this program.
• The Minnesota Home Ownership Center, a contractor of the Minnesota Housing Finance Agency responsible for assisting program administration and reporting to NeighborWorks America.
• Any other entities properly authorized under law to view it.

Sharing Data with Creditors

Sharing some of your personal financial information with creditors may be necessary to effectively help you resolve your financial difficulties. If you agree that we may share private data, such as information on your total debt, income, living expenses and personal information concerning your financial circumstances with your creditors, program managers, and staff working on your case, please indicate your approval by signing below.

If you agree to allow us to collect and share information as described above, please indicate your approval with your signature, below.

Written Authorization - If information was provided to client by in-person counseling session.

Client's Name Client's Signature Date

Client's Name Client's Signature Date

Verbal Authorization - If information was provided to client by telephone counseling session.

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information.

Client's Name Counselor's Signature Date

NOTE TO COUNSELOR: EVEN IF INFORMATION WAS REVIEWED BY TELEPHONE COUNSELING SESSION, YOU MUST STILL MAIL THE "COMBINED PRIVACY ACT NOTICE AND TENNESSEN WARNING" TO CLIENT.



National Foreclosure Mitigation Counseling Program

Foreclosure Mitigation Counseling Agreement

I understand that Wright County Community Action provides foreclosure mitigation counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that Wright County Community Action receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and it is required to share some of my personal information with NFMC, the Minnesota Housing Finance Agency, the Home Ownership Center or their agents and other entities as described and acknowledged in the "Combined Privacy Act Notice and Tennessee Warning," for the purposes of program monitoring, management, compliance, and evaluation.

I understand that I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

I understand that a counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred to appropriate assistance.

I understand that the NFMC program also funds independent attorneys to provide legal advice. Specifically, the NFMC program has provided a grant to pay for attorneys to interpret loan documents, review case files, and provide advice to homeowners and counselors. The NFMC funds, however, are restricted and cannot be used for the purpose of filing a lawsuit or litigation. I authorize my housing counselor or the counseling agency to contact an NFMC funded attorney with questions related to my file. I also authorize my housing counselor or the counseling agency and an NFMC funded attorney to share information and documents related to my file. This information will be kept confidential.

Please check here if you do not want your file or information shared with an NFMC funded attorney for the purpose of obtaining legal advice or analysis.

I acknowledge that I have received a copy of the Combined Privacy Act Notice and Tennessee Warning.

Please check here if you do not want to be contacted by NFMC for program evaluation purposes.

Written Authorization – If Information was provided to client by in-person counseling session.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

Verbal Authorization – If information was provided to client by telephone counseling session.

The undersigned verifies that the client was fully informed of the information contained herein and understood its nature. The client has given verbal authorization and acknowledgement.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



**2011-2012**  
**WCCA AGENCY INTAKE**

**Return to: WCCA**  
**Box 787 Maple Lake, MN 55358**  
**Phone: (320) 963-6500**  
**TDD Relay: 1-800-627-3529**  
**FAX: (320) 963-5745**  
**E-Mail: wcca@wccaweb.com**

Date: \_\_\_\_\_ Program to which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**SECTION A: Please check (/) your answers.**

**Type of Household:** Single parent/female \_\_\_ Single parent/male \_\_\_ Two Parents with Children \_\_\_ Single person \_\_\_  
 Adults/no children \_\_\_ Foster parents \_\_\_ Other: Specify \_\_\_\_\_

**Housing Situation:** Rent \_\_\_ Own \_\_\_ Homeless \_\_\_ Live with parent/guardian \_\_\_ Own home/rent lot \_\_\_

**SECTION B: Please fill out chart completely.**


Full names of household members	Ethnicity (Optional) Circle one (*see below)		Sex	Date of Birth	Age	Last grade completed if over 24 years old	Race (Opt.) (**see below)	Annual Gross Income	Source of Income (**See below)
	A	B							
1.	A	B							
2.	A	B							
3.	A	B							
4.	A	B							
5.	A	B							
6.	A	B							
7.	A	B							
8.	A	B							
<b>*Ethnicity Choices</b>	A) Hispanic or Latino B) Non-Hispanic or Non-Latino		<b>**Race Choices</b>	C) White D) Black or African American E) Asian			F) Native Hawaiian/ Other Pacific Islander G) Other _____ H) Multi-Racial		
<b>***Source of Income Choices</b>	1) No income 2) MFIPS 3) SSI 4) Social Security		5) Pension 6) General Assistance 7) Unemployment 8) Employment plus any sources above			9) Employment only 10) Child Support 11) Other _____			

**SECTION C: Please fill in the blanks. If you are a minor living with parent(s) or guardian(s), please consider yourself a single individual and answer the following questions as an individual rather than a household.**

How many household members have health insurance? \_\_\_\_\_ Would any adults in household like to register to vote? \_\_\_\_\_  
 How many adult household members are veterans? \_\_\_\_\_ What is the household's primary language? \_\_\_\_\_  
 How many household members are disabled? \_\_\_\_\_ Do you receive Food Stamps? \_\_\_\_\_  
 Do you or your children need translator services? Yes  No

**Please check the WCCA programs you are currently enrolled in:**

<input type="checkbox"/>	<b>WIC</b>	<input type="checkbox"/>	<b>Head Start</b>	<input type="checkbox"/>	<b>Home Weatherization</b>	<input type="checkbox"/>	<b>Home Rehab Loans</b>
<input type="checkbox"/>	<b>Home Buyer Training</b>	<input type="checkbox"/>	<b>Foreclosure Prevention/Counseling</b>	<input type="checkbox"/>	<b>Energy Assistance</b>	<input type="checkbox"/>	<b>Tax Preparation</b>
<input type="checkbox"/>	<b>Wright Women's Health</b>	<input type="checkbox"/>	<b>WCCA Food Shelf</b>	<input type="checkbox"/>	<b>Transitional Housing</b>	<input type="checkbox"/>	<b>Family Budgeting</b>

	<p><b>2011-2012</b></p> <p><b>CONFLICT OF INTEREST DISCLOSURE</b></p>	<p><b>Return to: WCCA</b>  <b>Box 787 Maple Lake, MN 55358</b>  <b>Phone: (320) 963-6500</b>  <b>TDD Relay: 1-800-627-3529</b>  <b>FAX: (320) 963-5745</b>  <b>E-Mail: wcca@wccaweb.com</b></p>
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Date: \_\_\_\_\_

I understand that Wright County Community Action (WCCA) is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.

I understand that WCCA or one of its foreclosure counselors may have one of the following conflicts through referral or in fact:

- Receive financial support from mortgage servicer or investor. Payment may be based on acceptance of a loss mitigation offer.

I understand that I am not obligated to receive services from the organization, the mortgage servicer or investor, and have the right at any time to accept or decline any loss mitigation offer.

Home Owner Name(s): \_\_\_\_\_

Address of Home Owners: \_\_\_\_\_

Loan number(s): (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

Mortgage Company: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

\_\_\_\_\_  
(Homeowner signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Homeowner signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(WCCA Counselor signature)

\_\_\_\_\_  
(Date)



# FORECLOSURE COUNSELING INTAKE FORM PART 2

Organization Name: **WCCA** Date: \_\_\_\_\_

Name: \_\_\_\_\_

Other name(s) on title / Co-Applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Other Counseling Organization

Are you working with any other foreclosure counseling organization?  Yes  No

Organization: \_\_\_\_\_

## Authorization / Release

Reviewed Release and gave authorization  Yes  No

## Demographic Information

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ Title/Position \_\_\_\_\_

Employment Monthly Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

Co-Borrower Employer \_\_\_\_\_ Start Date \_\_\_\_\_ Title/Position \_\_\_\_\_

Employment Monthly Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

Other Income Source: \_\_\_\_\_ Other Income Gross \$ \_\_\_\_\_ \$ Net \_\_\_\_\_

Gross annual HH income from all sources: \$ \_\_\_\_\_

Single family  Townhouse  Other Current Home Value: \_\_\_\_\_

Date purchased: \_\_\_\_\_ Last refinanced: \_\_\_\_\_ Previous delinquencies:  Yes  No Date: \_\_\_\_\_

Current  Delinquent or Imminent Reason for delinquency or concern: \_\_\_\_\_

Heard from attorney:  Yes  No Sheriff's Sale:  Yes  No Date: \_\_\_\_\_

Ever filed bankruptcy?  No  Yes Date discharged: \_\_\_\_\_  Ch.7  Ch.13 Mortgage reaffirmed?  Y  N

## Housing Expenses

	Company	Monthly Payment	# Months Behind	(\$ ) Amount Delinquent
1st Mortgage:	Name: Loan # Interest rate: _____ <input type="checkbox"/> Fixed <input type="checkbox"/> ARM    Term: _____ _____ Principal Balance: _____	PI*: _____ T: _____ I: _____ PMI: _____ Total: _____		
2nd Mortgage:	Name: Loan #: Interest rate: _____ <input type="checkbox"/> Fixed <input type="checkbox"/> ARM    Term: _____ _____ Principal Balance: _____			
Homeowners Association:				
Property Taxes:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Homeowners Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Contacted first Mortgage Company?  Yes     No    When and what results: \_\_\_\_\_

Type of mortgage:  Conventional     FHA     Other

**\* = Principal and interest portion of mortgage payment. T and I = Real estate tax and homeowners insurance portion. PMI = Private mortgage insurance monthly premium. A=Homeowners association fee (if any).**

## Debt To Income Calculation

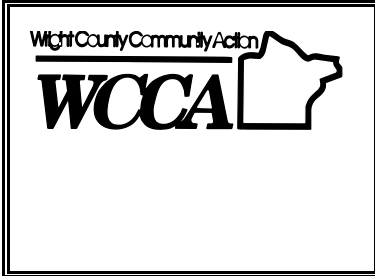
Gross monthly income (GMI): \_\_\_\_\_ X .31 = \_\_\_\_\_

**Gross monthly income (amount you are paid before deductions) is figured this way:**

**If paid hourly and work 40 hours per week: Multiply Dollar paid per hour x 2080 divided by 12 = Gross Monthly Income. If salaried, take your gross annual and divide by 12.**

**If your income is seasonal or irregular, use your last year's W2 or profit and loss statement (if income this year is similar) and divide the gross amount by 12.**

**If your income this year is significantly different than last year, take your gross income year to date and divide by the number of months so far this year.**



**WCCA**  
**Third Party Authorization**

**Return to: WCCA**  
**Box 787 Maple Lake, MN 55358**  
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**E-Mail: wcca@wccaweb.com**

I/We, \_\_\_\_\_, authorize Wright County Community Action (WCCA) homeownership counselors, Cathryn Thisius and Penny Markwardt to discuss my loan on my behalf with my lender or mortgage servicer, \_\_\_\_\_, **as well as with the owner of the mortgage loan (such as Fannie Mae or Freddie Mac).** I authorize all WCCA counselors to provide any information required by my lender on my behalf and to discuss any workout options presented. I am aware that this authorization is effective the day it is signed and covers both records prepared and information collected prior to and after the date of this authorization. Unless revoked sooner, this consent will automatically **expire one year** from the date of signature.

**Wright County Community Action (WCCA) is a non-profit 501c(3) organization.**  
**WCCA is a sub-grantee under the MN Home Ownership Center and Neighborworks America as a HUD approved counseling agency.**

My/Our account number(s) are \_\_\_\_\_.

The property address is: \_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 4 SSN

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 4 SSN



# Household Budget Worksheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Monthly Take Home Income	
Salary/Wages/Business Draw	
Salary or Wages (Spouse)	
Social Security	
Pension/Retirement	
Interest on Accounts	
Alimony / Child Support	
Real Estate rent (income)	
Investment Dividends	
Unemployment/ Food Stamps	
Other	
<b>Total Take Home Income</b>	

Monthly Living Expenses	
Alimony / Child Support (outgoing)	
Auto Gas and Repair	
Auto Insurance	
Cable TV/ Satellite Fees	
Charitable Contributions	
Child Care	
Children's' Activities	
Clothing Maintenance (Laundry/Dry cleaning)	
Clothing Purchases	
Electric Bill	
Food (In-home / Groceries)	
Food (Out of home - Lunch, Dining)	
Gas and Oil Bill	
Health and Dental Insurance	
Homeowner/Condo fees	
Homeowners/ Renters Insurance	
Household items	
Internet Access (AOL,MSN, DSL)	
Life and Disability Insurance	
Memberships (Health club etc.)	
Personal Care (Grooming)	
Prescriptions	
Property Services (Gardener, Pool)	
Security Services (Alarm)	
Subscriptions	
Telephone (Home, Cell, Pager)	
Trash Disposal	
Tuition and School Supplies	
Water Bill	
Tobacco, alcohol, gambling	
Pets, hobbies	
Other Expenses	
<b>Total Monthly Living Expenses</b>	

Secured Debts	Balance	Min. Pymt.
Rent		
1st Mortgage		
2nd Mortgage		
Land Lease (Trailer park, other)		
Student Loans		
Auto Loans/Leases		
Recreation (Boat, ATV, etc.)		
Past Due Taxes		
Other Debts		
Other Debts		
Other Loans		
Other Loans		
<b>Total Secured Debt</b>		

Unsecured Debt	Balance	Min. Pymt.
Credit Card 1		
Credit Card 2		
Credit Card 3		
Credit Card 4		
Credit Card 5		
Credit Card 6		
Credit Card 7		
Credit Card 8		
Personal Loan 1		
Personal Loan 2		
Medical Bill Payment		
Other		
Other		
<b>Total unsecured Debt</b>		

Summary	
Total Take Home (Income )	
Total Living Expenses (-)	
Total Secured Debt Payments (-)	
Total Unsecured Debt Payments (-)	
<b>Disposable Income **</b>	
<b>Disposable Income as Percent</b>	

## ASSETS

Savings Account: \$ \_\_\_\_\_

Checking Account: \$ \_\_\_\_\_

Retirement (401k, IRA) \$ \_\_\_\_\_

Other Investments: \$ \_\_\_\_\_

Other real estate: \$ \_\_\_\_\_

Vehicles (total net val.) \$ \_\_\_\_\_

Other assets value: \$ \_\_\_\_\_